3. NAME OF DECEASED (Type or Print) 5. SEX 6. COLOR OR RACE Male White 10a. USUAL OCCUPATION (Give kind of work dome during most of working life, even if retired) OWNET & OPERATOR 13a. FATHER'S NAME Mahlon Shuster 15. WAS DECEASED EVER IN U.S. ARMED IT (Yee. no. or unknown) (If yee. sirve war or dates no. or unknown) (If yee. sirve war or dates no. or unknown) I. DISEASE OR CONTROL 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the disease, injury, or complication which caused death. 19a. DATE OF OPERATION 10. OTHER SIGNIF Conditions contributed to the disease, injury, or complication which caused death. 19a. DATE OF OPERATION 19b. MAJOR FINE SUICIDE 19b. MAJOR FINE SUICIDE 19b. MAJOR FINE SUICIDE 19d. MONICIDE 19d. MO	gton overship) STAY (in this plans institution, give street address or location) t. Joseph, hiway#7 b. (Middle) E. 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married / 10b. KIND OF BUSINESS'OR INDUSTRY Shuster Hatche 13b. MOTHER'S MAIDEN Dora Tindle FORCES? 16. SOCIAL SECURITY NO. Unknown MEDICAL CONDITION OF CONDITION CERTIFICATION CERTIF	PRIMARY REG. DIST. NO 2. USUAL RESIDEN a. STATE MISSON c. CITY (If outside sorpora OR RUTAL: d. STREET ADDRESS IMI. E. O. c. (Last) Shuster 8. DATE OF BIRTH Aug. 6, 188' 11. BIRTHPLACE (Shate or for y) NAME 14. 17. INFORMANT'S	CE (Where deceased lived. If ari b. COUNTYB to limits, write BURAL and give to Washington If rural, give location) fSt. Joseph, hi 4. DATE (Month OF DEATH Dec.) 9. AGE (In years of the last birthday) oreign country)	way #71 (Day) (Year) (OUNTRY?		
a. COUNTY Buchanan b. CITY (If outside corporate limits, write R OR TOWNRUTAL: Washing d. FULL NAME OF (If not in hospital or in HOSPITAL OR INSTITUTION MI.E. Of S: 3. NAME OF DECEASED (Type or Print) 5. SEX	gton overship) STAY (in this plans institution, give street address or location) t. Joseph, hiway#7 b. (Middle) E. 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married / 10b. KIND OF BUSINESS'OR INDUSTRY Shuster Hatche 13b. MOTHER'S MAIDEN Dora Tindle FORCES? 16. SOCIAL SECURITY NO. Unknown MEDICAL CONDITION OF CONDITION CERTIFICATION CERTIF	a. STATE Misson c. CITY (If outside corpora TOWN RUTAL: d. STREET ADDRESS IMI. E. O. c. (Last) Shuster 8. DATE OF BIRTH Aug. 6, 188' 11. BIRTHPLACE (State or forty) Wathena, NAME 17. INFORMANT'S SMTS.Ollie SMT	b. COUNTYB to limits, write BURAL and give to Washington If rural, give location) fSt. Joseph, hi 4. DATE (Month Dec.) 9. AGE (In years) If the last birthday) oreign country) Kansas 1. NAME OF HUSBAND OR WILLIE Shuster SI GNATURE OR NAME	way #71 (Day) (Year) 4, 1950 Way Hours Min. 12. CITIZENOF WHA COUNTRY? USA ADDRESS Joseph, Mo INTERVAL BETWEEN ONSET AND DEATH		
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TION 21a. ACCIDENT (Specify) 22a 22a	FICANT CONDITIONS buting to the death but not use or condition causing death.	3312				
id. TIME (Month) (Day) (Year) (DINGS OF OPERATION		· .	20. AUTOPSY7		
id. TIME (Month) (Day) (Year) (21b. PLACE OF INJURY (e.g., in or about home, farm, factory, etreet, office bldg., etc.)	21c. (CITY, TOWN, OR TOW	WNSHIP) (COUNTY)	(STATE)		
OF INJURY	(Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK	21f. HOW DID INJURY OC	CUR?			
	the deceased from 11/22/50 , and that death occurred at	, 19, to11,	/28/50, 19, that I is auses and on the date sta	ast saw the deceased		
Ga. SJORNATURE DO ROM	(Degree or tipe)	706 FRANCES, ST.		23c. DATE SIGNED 12/4/50		
Ala Burial. CREMA- 245. DATE TION, REMOVAL (Specify) Burial . Dec. 6, 1	· •		LOCATION (Oity, town, or or lathena, Kansas			
DATE REC'D BY LOCAL REGISTRAR'S S DEC 8, 1950 Can L	1950 Belmont Ceme			ADDRESS		

d. H. Carlo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on	the reverse side of	this certificate was	embalmed by me, or by.	
		Student Emi	elser No	····
working under my personal supervision.		0	4	
	Signed	Cur en e	Word	

Student Embalmer

P. O. Address 3/9 50 10 th. Student

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.